

Please type a plus sign (+) inside this box



PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 01-567																															
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		First Inventor Wiemken																															
		Title DESENSITIZING ARMATURE AIR GAP TO COMPONENT DISTORTION IN A FUEL INJECTOR																															
		Express Mail Label No. EV 189950452 US																															
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																															
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</div> <div>5. Oath or Declaration [Total Pages 5]<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ACCOMPANYING APPLICATIONS PARTS</div> <div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other:</div>																															
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No: ____ /</div></div> <div style="display: flex; justify-content: space-between;"><div>Prior application information: Examiner ____</div><div>Group / Art Unit: ____</div></div> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																	
17. CORRESPONDENCE ADDRESS																																	
<div><input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below</div> <div style="text-align: center; margin-top: 5px;">(Insert Customer No. or Attach bar code label here)</div>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Name</td><td colspan="5">Michael B. McNeil</td></tr><tr><td></td><td colspan="5">Liell & McNeil Attorneys PC</td></tr><tr><td>Address</td><td colspan="5">P.O. Box 2417</td></tr><tr><td>City</td><td>Bloomington</td><td>State</td><td>Indiana</td><td>Zip Code</td><td>47402</td></tr><tr><td>Country</td><td>USA</td><td>Telephone</td><td>812-333-5355</td><td>Fax</td><td>812-333-3173</td></tr></table>				Name	Michael B. McNeil						Liell & McNeil Attorneys PC					Address	P.O. Box 2417					City	Bloomington	State	Indiana	Zip Code	47402	Country	USA	Telephone	812-333-5355	Fax	812-333-3173
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name (Print/Type)</td><td>Michael B. McNeil</td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td>35,949</td></tr><tr><td>Signature</td><td></td><td>Date</td><td>7-31-03</td></tr></table>				Name (Print/Type)	Michael B. McNeil	Registration No. (Attorney/Agent)	35,949	Signature		Date	7-31-03																						
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number

Filing Date

First Named Inventor Wiemken

Examiner Name

Group / Art Unit

Attorney Docket No.

01-567

TOTAL AMOUNT OF PAYMENT (\$) 964

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

500226

Deposit
Account
Name

Michael McNeil

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	750
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

750

2. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims	25	-20 **	= 5	X	18	=	90
Independent Claims	4	-3 **	= 1	X	84	=	84
Multiple Dependent				X		=	0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

0 174

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

40

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Michael B. McNeil

Registration No. Attorney/Agent

35,949

Telephone

812-333-5355

Signature

Date

7-31-03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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